

# Dynamic Surgery Center, LLC

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## SURGICAL BOOKING FORM

Patient Information						
LAST	FIRST	MI	Gender	DOB	AGE	
STREET ADDRESS				SOCIAL SECURITY #		
CITY	STATE	ZIP	EMERGENCY CONTACT			
HOME #	WORK #	CELL #	EMERGENCY #			
Surgical Procedure Information						
SURGEON			ASSISTING SURGEON			
REQUEST DATE #1	TIME	REQUEST DATE #2	TIME	LENGTH OF CASE		
PRIMARY PROCEDURE NAME	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	CPT CODE #1	CPT CODE #2	CPT CODE #3	CPT CODE #4
SURGICAL DIAGNOSIS NAME	ICD-9 CODE #1	ICD-9 CODE #2	ICD-9 CODE #3	ICD-9 CODE #4		
Pre-Operative Medical Clearance						
DOES THE PATIENT REQUIRE PRE-OP MEDICAL CLEARANCE?		<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:			
DOES THE PATIENT REQUIRE AN EKG? <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT HEIGHT		PATIENT WEIGHT		
Special Requests						
EQUIPMENT			SUPPLIES			
INSTRUMENTATION			OTHER			
Insurance Information and Attorney Information						
IS THIS WORKMAN'S COMP?	PLEASE ATTACH		CASE CLAIM #	DATE OF INJURY		
IS THIS NO FAULT?	AUTHORIZATION LETTER					
IS THIS PRIVATE HEALTH INS?	ATTORNEY /LAW FIRM NAME			ATTORNEY PHONE #		
PLEASE ATTACH SIGNED LIEN						
PRIMARY INSURANCE	SUBSCRIBER NAME		SUBSCRIBER SSN	SUBSCRIBER DOB		
POLICY #	RELATIONSHIP TO PATIENT: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER					
SECONDARY INSURANCE	SUBSCRIBER NAME		SUBSCRIBER SSN	SUBSCRIBER DOB		
POLICY #	RELATIONSHIP TO PATIENT <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER					
EMPLOYER NAME	EMPLOYER ADDRESS			EMPLOYER PHONE #		
Insurance Pre-Certification Authorization						
INSURANCE COMPANY PHONE #	INSURANCE CO. REPRESENTATIVE		AUTH #	DATE OF AUTH.		
Surgeon's Scheduler's Information						
NAME	PHONE #		FAX #	E-mail		
Treating Physical Therapy Office						
NAME	PHONE #		ADDRESS			
Transportation: <input type="checkbox"/> YES <input type="checkbox"/> NO						